

# STATE OF DELAWARE UNCLAIMED PROPERTY REQUEST FORM

Start your FAST, SAFE, & SECURE claim at <https://delaware.findyourunclaimedproperty.com>

OR submit this form via e-mail to [escheat.claimquestions@state.de.us](mailto:escheat.claimquestions@state.de.us)



**Complete the entire form below, including signature.** Please note, to complete the processing of your request, **all US citizens *MUST* provide proof of identification and proof of Social Security Number. Non-US citizens *MUST* provide two (2) forms of identification from the following list:**

Driver's License  
Non-Driver Identification Card  
Social Security Card  
Medicare Card

Birth Certificate  
Marriage Certificate  
W-2  
Election Card

Passport  
Social Insurance Card  
National Identity Card  
Citizenship Card

If you are inquiring about property not listed in your name, you must provide documentation showing you have a legal right to claim the property in addition to the information above (EX: Copies of Appointment to Estate, Letters Testamentary, Small Estate Affidavit, a copy of a notarized Power of Attorney for a living person, verification of court appointed guardianship, copy of a minor's birth certificate, etc.) Please note that a power of attorney and related documents become void after death.

Print your name and address as it would have appeared on the escheated property. (Note: This may be different than your current address.)

## **Property Search Information**

Name:		
Address:		
City:	State:	Zip:

## **Current Contact Information:**

Name:		
Mailing Address:		
City:	State:	Zip:
Phone:	Relationship to Property Owner:	
SSN or FEIN:	Email Address (if applicable):	
Would you like us to send the claim form / status updates via email? _____		
What are you searching for? Stock      Dividends      Bank acct.      Insurance      General Inquiry      Other _____		
Did you receive any written notice informing you of an escheatment? If so, please attach a copy.		
Comments:		

Under penalties of perjury, I certify that the information provided on this request form is true, and all supporting documentation presented is either original or true unaltered copies of the original documents. Upon payment of this claim, said claimant will indemnify and hold harmless the State of Delaware, its Officers and Employees from any damages, claims or losses of any kind resulting in payment to the claimant under the provisions of Delaware Revised Statutes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once your request is received, a claim form may be sent to you (at the mailing / e-mail address you provide above) with additional instructions for obtaining your property. If your request is incomplete or if we are not holding property in your name, you will receive correspondence informing you that a claim could not be initiated. Due to a high volume of requests, it may take up to twelve (12) weeks to receive a response. *Your patience is greatly appreciated.*

Please return the completed and signed form to: Delaware Department of Finance, Unclaimed Property, P.O. Box 8140, Wilmington, DE 19803-8140.